

CITIZENS FOR THE TREATMENT OF HIGH BLOOD PRESSURE, INC.

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ATTACHMENT G

Listing of Programs and Topics Discussed at January 16th Dinner Meeting

It is not really very helpful to list in order of priority the 19 topics discussed at the dinner meeting. To my way of thinking, some of them are of little or no importance anyway. So I will just list in no precise order of importance those objectives which are of major importance:

1. Scientific Papers: It is extremely important to translate some of the technical documents into lay language. This occurred to me with particular force when I read over, very carefully, the complete Minutes of the January 16th meeting. For example, there is a report on the seven-state demonstration program in which these seven states were given additional money (\$600,000 a year over a five-year period) to experiment with improvements in hypertension education and follow up. A great deal of government money was invested in this, yet the return is surprisingly meager. Percentage increases over a three or four-year period as reported by the various states is enough to prove the validity of Gramm-Rudman. Furthermore, the slides were unnecessarily complex. In many cases the excessive use of slides is a substitute for thinking. The central point of this comment is that the staff at NHLBI should examine every document or publication in terms of how it will be understood, not only by the general public but by the general physician.

2. Meetings with Representatives of Drug Companies: We need much more of this. Those purists who think that meetings with drug company representatives is living in sin should go back to the monastery. In toto, the drug companies probably do more public education in high blood pressure than the NHLBI -- they use advertising, they put out beautifully-designed pamphlets, elaborate video tapes and so on. Furthermore, their research budgets have increased enormously over the past 15 years. We should know the areas of their major research concentration. For example, MERCK last year spent \$450,000,000 on research alone.

For The Prevention of Heart Disease, Stroke and Kidney Failure

3. Prevention: Attachment G points out that prevention was probably the most thoroughly discussed topic at the dinner meeting. This is usually the case with prevention -- everyone is in favor of it and dull, bromidic generalities pervade every session. We really need a brainstorming session on how to reduce these empty generalities into specific targets. For example, in its current, combined High Blood Pressure and Cholesterol Education Program, Citizens has one target logo -- "HEALTHY HEART DAY."

4. Priorities: Community programs in high blood pressure do need suggestions as to the establishment of priorities. Many of them are still devoting an excessive amount of time to simple screening. However, quite a few of these state and local programs, mainly because of limitation of funds, do a better job of setting priorities than the National Program.

5. Insurance Companies: I was a member of the Task Force which recommended that the life insurance companies inform their policyholders that when they brought their blood pressure down to normal, their excess premiums would be reduced. The recommendation went through several versions and each time was watered down until the final recommendation was a prayerful hope rather than a clear mandate for this policy.

6. 1987 National Conference: There is a need to develop a strong theme for the 1987 National Conference. The powerful public interest in high blood cholesterol as a major risk factor for coronary heart disease should be capitalized upon. Citizens currently does screenings in both high blood pressure and cholesterol. In our screenings so far and in reports I have seen from the Framingham Studies, elevated blood pressure and high blood cholesterol are synergistic in a high percentage of cases.

I have not dealt with some of the other topics listed in Attachment G because they are either dull, redundant, or a waste of time.

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